

Office of the Deaf and Hard of Hearing (ODHH) Telecommunications Access Service (TAS)

Non-Profit Organization* Application for Reconditioned Equipment

Office Use Only
Date received

*Must be 501(c)(3) organization. Please send a copy of the by-laws and the Non-Profit Status letter from the IRS. **Please print.**1. Business name

2. Contact name

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1. Business name		2. Contact	name			
3. Business street address		City	City Zip code			
			WA	A		
4. Mailing address (if different from above)		City			Zip code	
			WA			
5. Office telephone number	Both 6. Message	6. Message telephone number				
7. E-mail address	8. Hours of op	eration	9	9. County		
EQUIPMENT CHOICES						
(Reconditioned Equipment will be issued on an "as available basis")						
10. CHOOSE ONE Communication Equipment Device						
	rec 4425 ephone lines ons to send and les by typing. ear on a display also be printed	e lines send and yping. a display				
11. Average number of deaf	or hard of hearin	g individual you pro				
I certify (or declare) un that the information or			aws of the	State of	Washington	
12. Manager or owner's signa	ature			Da	te	
13. Name of person complete	14. Telephone nu	mber	15. E-ma	ail address		

Discrimination is prohibited in all programs and activities. No one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled or Vietnam-era veteran status, or handicap.

Office of the Deaf and Hard of Hearing (ODHH)
Telecommunications Access Service (TAS)
PO Box 45301
Olympia WA 98504-5301

(360) 902-8001 1-800-422-7930 V 1-800-422-7941 TTY TAPE HERE **DO NOT STAPLE**

PLACE FIRST-CLASS STAMP HERE

DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF THE DEAF AND HARD OF HEARING TELECOMMUNICATIONS ACCESS SERVICE PO BOX 45301 OLYMPIA WA 98504-5301

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